

# 38  
4/29/02

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Hein et al.

Title: TRANSGENIC PLANTS  
EXPRESSING ASSEMBLED  
SECRETORY ANTIBODIES

Appl. No.: 09/200,657

Filing Date: 11/25/1998

Examiner: P. Bui

Art Unit: 1638

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TRANSMITTAL

Commissioner for Patents  
Box NON-FEE AMENDMENT  
Washington, D.C. 20231

Sir:

Transmitted herewith for the above-identified application, are:

- [X] Supplemental Response;
- [X] Declaration of Richard Lerner, M.D. Under C.F.R. §1.132 (with attached Exhibits 1-47).
- [ ] The fee required for additional claims is calculated below:

	Claims as Amended	Previously Paid For	Extra Claims Present	Rate	Additional Claims Fee
Total Claims:	30	82	0	x \$18.00	\$0.00
Independents:	2	3	0	x \$84.00	\$0.00
First presentation of any Multiple Dependent Claims:			+	\$280.00	\$0.00
CLAIMS FEE TOTAL:					\$0.00

- [ ] Applicant hereby petitions for an extension of time under 37 C.F.R. §1.136(a) for the total number of months checked below:

<input type="checkbox"/>	Extension for response filed within the first month:	\$110.00	\$0.00
<input type="checkbox"/>	Extension for response filed within the second month:	\$400.00	\$0.00
<input type="checkbox"/>	Extension for response filed within the third month:	\$920.00	\$0.00
<input type="checkbox"/>	Extension for response filed within the fourth month:	\$1,440.00	\$0.00
<input type="checkbox"/>	Extension for response filed within the fifth month:	\$1,960.00	\$0.00
	EXTENSION FEE TOTAL:		\$0.00
	CLAIMS AND EXTENSION FEE TOTAL:		\$0.00
<input type="checkbox"/>	Small Entity Fees Apply (subtract ½ of above):		\$0.00
	TOTAL FEE:		\$0.00

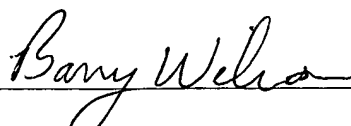
- ☐ Please charge Deposit Account No. 50-0872 in the amount of \$0.00. A duplicate copy of this transmittal is enclosed.
- ☐ A check in the amount of \$0.00 is enclosed.
- ☒ The Commissioner is hereby authorized to charge any additional fees which may be required regarding this application under 37 C.F.R. §§ 1.16-1.17, or credit any overpayment, to Deposit Account No. 50-0872. Should no proper payment be enclosed herewith, as by a check being in the wrong amount, unsigned, post-dated, otherwise improper or informal or even entirely missing, the Commissioner is authorized to charge the unpaid amount to Deposit Account No. 50-0872.

Please direct all correspondence to the undersigned attorney or agent at the address indicated below.

Respectfully submitted,

Date: March 14, 2002

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By   
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